| CLAIMS ONLY | | | Application Number 09/543,480 | | Filing Date | |

Applicant(s)

CLAIMS	AS FILED 4 of 0C		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1							51						
2							52						
3							53						
4							54						
5							55						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	2						Total Indep						
Total Depend	12						Total Depend						
Total Claims	14						Total Claims						